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CONFIRMATION NO. 4237

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|
| SERIAL NUMBER 09/980,572 | FILING DATE 09/23/2002 RULE | CLASS 435 | GROUP ART UNIT 1655 | ATTORNEY DOCKET NO. |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|

APPLICANTS

B. Jack Longley, Hamden, CT;

RG

** CONTINUING DATA *****

This application is a 371 of PCT/US00/12405 05/05/2000
 which is a CIP of 09/474,478 12/29/1999
 which is a CIP of 09/306,143 05/06/1999 PAT 6,576,812

RG

** FOREIGN APPLICATIONS *****

None

** SMALL ENTITY **

| | | | | | |
|---|--|---------------------------|-------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>RG</i> | STATE OR COUNTRY CT | SHEETS DRAWING 13 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 18 |
|---|--|---------------------------|-------------------------|-----------------------|-----------------------------|

Verified and Acknowledged

Examiner's Signature _____ Initials _____

ADDRESS

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TITLE

Methods for inhibiting cutaneous inflammation and hyperpigmentation

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|-----------------------------------|---|--|
| FILING FEE RECEIVED 745 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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